Health Protection Annual Report for Northern Lincolnshire (2025/2026)

November 2026

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Introduction

This annual report provides assurance to the Director of Public Health and associated partner organisations and Boards regarding health protection functions in North Lincolnshire and North East Lincolnshire.

The health protection teams of both Councils work together in a 'Northern Lincolnshire' approach wherever possible, however most data is produced at individual Council area level.

The Northern Lincolnshire Health Protection Board is responsible for assurance and oversight of health protection functions across North and North East Lincolnshire.

The key functions of health protection are considered in this report and align with the key priorities of the UK Health Security Agency (UKHSA) of prioritising the protection of public health through preparedness, prevention and response to infectious diseases, environmental hazards and emerging health threats.

The report provides an overview of health protection via published area profiles, and local outbreak data and discusses specific health protection threats to our local areas. Routine vaccination and screening programmes are reviewed and external and new threats are discussed. The report considers environmental health incidents and identifies potential threats for the future. Based on this information, the report concludes with priorities and plans for the following year.

Abbreviations

Table 1 – Abbreviations used throughout the report

Abbreviation	**Meaning**
AAA	Abdominal Aortic Aneurysm
ARI	Acute Respiratory Infection
BBV	Blood Borne Virus
CPE	Carbapenemase-producing Enterobacterales
D&V	Diarrhoea and Vomiting
H&NY	Humber and North Yorkshire
HPV	Human papillomavirus
JCVI	Joint Committee on Vaccination and Immunisation
MenACWY	Meningococcal group A, C, W-135 and Y conjugate vaccine
NEL	North-East Lincolnshire
NL	North Lincolnshire
RSV	Respiratory Syncytial Virus
STEC	Shiga toxin-producing Escherichia coli
STI	Sexually Transmitted Infection
TB	Tuberculosis
WHO	World Health Organisation
Y&H	Yorkshire and Humber

Overview of Health Protection – Area Profiles

North East Lincolnshire (NEL)

Chart1 – Health Protection Profile Overview for NEL

Indicator	Period	NE Lincs		England			
		Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Gastrointestinal Infection							
Campylobacter incidence rate/100,000 New data	2025	-	-	-	-		-
Typhoid & paratyphoid incidence rate/100,000	2023	1	0.63	1.08	9.15		0.00
Non-typhoidal Salmonella incidence rate/100,000 New data	2025	-	-	-	-		-
Shigella incidence rate/100,000	2024	3	1.9	8.8	61.2		0.0
STEC (Shiga toxin-producing Escherichia coli) serogroup O157 incidence rate/100,000	2024	2	1.3	1.0	3.7		0.0
Listeria incidence rate/100,000 New data	2025	0	0.00	0.30	1.52		0.00
Immunisation and Childhood Vaccine Preventable Diseases							
Measles incidence rate/100,000	2024	1	0.6	4.9	56.2		0.0
Mumps incidence rate/100,000	2024	0	0.0	0.3	2.1		0.0
Pertussis incidence rate/100,000 New data	2024	9	5.6	25.4	103.6		1.7
Invasive Meningococcal Disease (IMD) confirmed cases rate/100,000 New data	Jul 2024 - Jun 2025	1	0.6	0.6	2.4		0.0
Population vaccination coverage: Dtap IPV Hib HepB (1 year old) <90% 90% to 95% ≥95%	2024/25	1,445	94.9%	91.3%*	61.5%		97.2%
Population vaccination coverage: MMR for one dose (2 years old) <90% 90% to 95% ≥95%	2024/25	1,504	94.1%	88.9%*	65.3%		96.3%
Respiratory Infection							
Legionnaires' disease confirmed incidence rate/100,000	2024	1	0.63	0.73	3.06		0.00
TB incidence (three year average)	2022 - 24	11	2.3	8.5	42.1		0.7
Sexually Transmitted Infections and HIV							
Gonorrhoea diagnostic rate per 100,000 New data	2025	70	44	109	920		0
New STI diagnoses (excluding chlamydia aged 24 years and under) per 100,000 New data	2025	509	318	441	2,445		0
All new HIV diagnoses rate per 100,000	2024	1	0.6	9.0	45.2		0.0
Other							
Acute hepatitis B incidence rate/100,000 New data	2023	0	0.00	0.52	2.78		0.00
Air pollution: estimated fraction of mortality attributable to particulate air pollution	2024	-	5.5%	5.3%	3.2%		

Health Protection - Data | Fingertips | Department of Health and Social Care

NEL performs well across most infectious disease health protection indicators, with lower-than-average rates for many infectious diseases, STIs, HIV, tuberculosis, measles and pertussis. Childhood vaccination coverage is above the England average, however remains below community coverage targets of 95% for some vaccinations.

North Lincolnshire (NL)

Chart 2 – Health Protection Profile Overview for NL

Indicator	Period	N Lincs		England			
		Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Gastrointestinal Infection							
Campylobacter incidence rate/100,000 New data	2025	-	-	-	-		-
Typhoid & paratyphoid incidence rate/100,000	2023	1	0.59	1.08	9.15		0.00
Non-typhoidal Salmonella incidence rate/100,000 New data	2025	-	-	-	-		-
Shigella incidence rate/100,000	2024	0	0.0	8.8	61.2		0.0
STEC (Shiga toxin-producing Escherichia coli) serogroup O157 incidence rate/100,000	2024	0	0.0	1.0	3.7		0.0
Listeria incidence rate/100,000 New data	2025	0	0.00	0.30	1.52		0.00
Immunisation and Childhood Vaccine Preventable Diseases							
Measles incidence rate/100,000	2024	1	0.6	4.9	56.2		0.0
Mumps incidence rate/100,000	2024	2	1.2	0.3	2.1		0.0
Pertussis incidence rate/100,000 New data	2024	15	8.8	25.4	103.6		1.7
Invasive Meningococcal Disease (IMD) confirmed cases rate/100,000 New data	Jul 2024 - Jun 2025	0	0.0	0.6	2.4		0.0
Population vaccination coverage: Dtap IPV Hib HepB (1 year old) <90% 90% to 95% ≥95%	2024/25	1,473	90.7%	91.3%*	61.5%		97.2%
Population vaccination coverage: MMR for one dose (2 years old) <90% 90% to 95% ≥95%	2024/25	1,481	89.2%	88.9%*	65.3%		96.3%
Respiratory Infection							
Legionnaires' disease confirmed incidence rate/100,000	2024	1	0.58	0.73	3.06		0.00
TB incidence (three year average)	2022 - 24	22	4.3	8.5	42.1		0.7
Sexually Transmitted Infections and HIV							
Gonorrhoea diagnostic rate per 100,000 New data	2025	63	37	109	920		0
New STI diagnoses (excluding chlamydia aged 24 years and under) per 100,000 New data	2025	466	272	441	2,445		0
All new HIV diagnoses rate per 100,000	2024	3	1.8	9.0	45.2		0.0
Other							
Acute hepatitis B incidence rate/100,000 New data	2023	1	0.59	0.52	2.78		0.00
Air pollution: estimated fraction of mortality attributable to particulate air pollution	2024	-	5.4%	5.3%	3.2%		

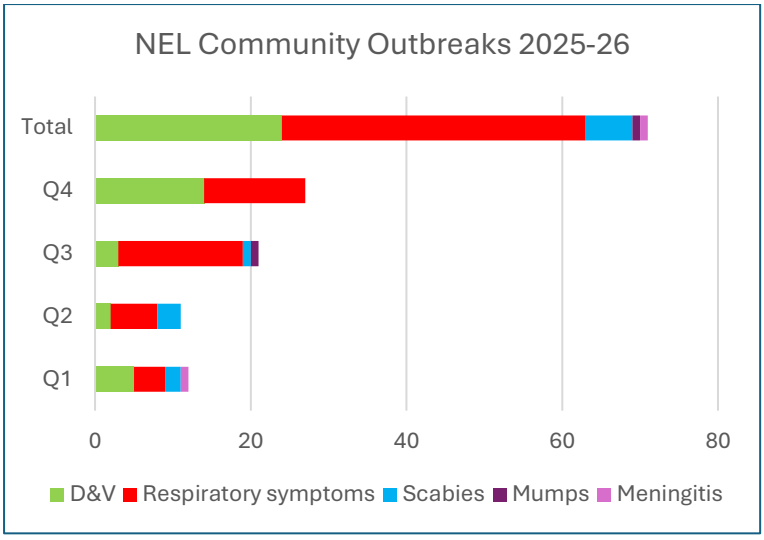
Health Protection - Data | Fingertips | Department of Health and Social Care

NL maintains a generally strong health protection position, with lower-than-average rates of many communicable diseases, tuberculosis, sexually transmitted infections and HIV. Whilst disease incidence remains low across most indicators, improving childhood immunisation uptake remains a priority, particularly to achieve the 95% coverage target necessary for optimal community protection. MMR coverage for one dose is of particular importance, but this is discussed in greater detail in the vaccination section of this report. Like NEL, further scrutiny of air pollution and its links to population health are needed, as well as continued monitoring to identify trends over time,

Outbreak Information

Outbreaks in North East Lincolnshire

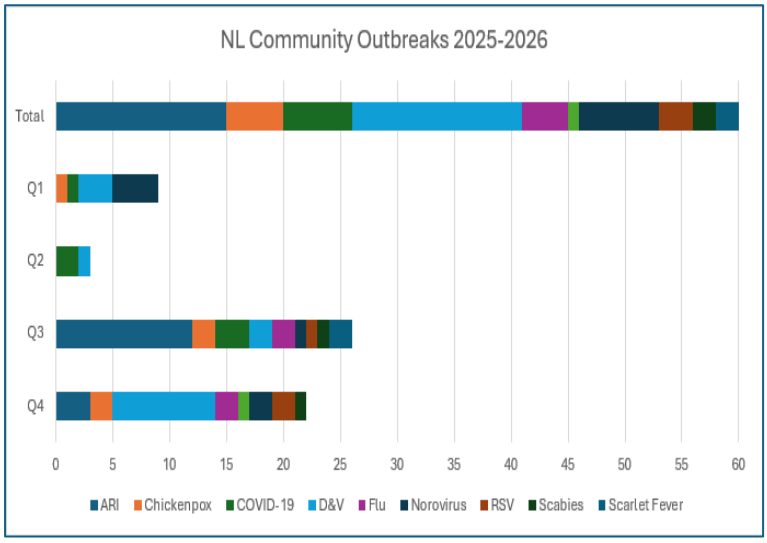
Chart 3 – NEL Community outbreaks 2025-26



Community outbreaks in NEL during 2025/26 were dominated by respiratory and Diarrhoea and Vomiting (D&V) outbreaks, which together accounted for around 90% of all outbreaks. This is in line with activity experienced in previous years. Activity increased over the year, with Quarter 4 experiencing the greatest number of outbreaks, driven primarily by rises in respiratory illness and D&V outbreaks. The number of scabies outbreaks in 2025/26 fell to 6, whilst there were single outbreaks of mumps and meningitis seen in education settings. This data is similar to previous years and follows expected outbreak patterns.

Outbreaks in North Lincolnshire

Chart 4 – NL Community outbreaks 2025-26



Community outbreak activity in NL during 2025-2026 was largely driven by Acute Respiratory Infections (ARI) and D&V outbreaks, which were the most frequently reported conditions with 15 outbreaks each over the year. ARI outbreaks were heavily concentrated in Q3, indicating a significant seasonal peak, while D&V outbreaks increased markedly in Q4, accounting for the highest level of activity during that quarter. Norovirus was the third most common outbreak type with 7 outbreaks, occurring predominantly in Q1. COVID-19 outbreaks remained relatively low and were spread across Q1 to Q3, with no outbreaks reported in Q4. Other conditions, including chickenpox, flu, Respiratory Syncytial Virus (RSV), scabies, scarlet fever and mumps, occurred infrequently throughout the year.

Healthcare Associated Infections and Antimicrobial Resistance

Carbapenemase-producing Enterobacteriaceae (CPE)

In Q1 2025/26 health protection teams were alerted to an outbreak of Carbapenemase-producing Enterobacteriaceae (CPE) in Diana Princess of Wales hospital and Scunthorpe General hospital. The outbreak had first been identified on 10th March 2025. The outbreak was managed with the involvement of all key partner agencies including NHSE, UKHSA, HUTH, NLAG, ICB etc. via weekly and fortnightly strategic meetings. Additional screening processes were implemented, and key estate planning decisions were made and implemented to minimise IPC risks.

Over 250 cases of CPE infection were identified throughout the outbreak which was declared over on 20th March 2026, but it is not yet known whether the outbreak resulted in any fatalities. A full evaluation report has been requested for future learning opportunities but has not yet been completed.

Tuberculosis (TB) in Northern Lincolnshire

Tuberculosis (TB) has been identified as a potential area of concern for Northern Lincolnshire, with a Local Authority screening pilot identifying a number of undiagnosed cases. This led to a review of TB services in Northern Lincolnshire and the following concerns identified:

- Capacity in the existing TB team to perform increased screenings.
- Capacity in the existing TB team to manage increased cases, including case support, follow-up, treatment plans and adherence etc.
- Ability for the existing TB team to provide a resilient, quality, and responsive end to end service.
- Increased case finding has resulted in an increased number of referrals to the Secondary Care TB Service but no corresponding increase in capacity. This increase has produced a 'bottle-neck' in the system due to lengthy waits for hospital test results, lengthy waits for consultant-led clinic appointments for diagnosis confirmation and management/treatment planning. This collectively has resulted in cases that remain on the caseload of the Community TB team for longer and need greater resource to manage the complexity of the patient journey.
- By definition, the case-finding is resulting in complex new cases, often with co-morbidities, substance dependency issues, criminal activity, anti-social behaviour, reluctance to engage with services, reluctance to adhere to treatment plans and housing issues which impacts on the resources of the Community TB Team.
- Public health risk of undiagnosed cases in the general population who have not been screened.
- Public health risk of diagnosed cases and those awaiting confirmation of diagnosis with delays accessing treatment. This is exacerbated by housing issues such as homelessness and insecure existing tenancies. There is local intelligence of these individuals' sofa-hopping, using hostels and street-sleeping, increasing risk of transmission and risk of poorer health outcome.

Nationally, TB has been recognised as an area for concern, and a 'Getting It Right First Time' (GIRFT) review is underway. Locally this has been led by Humber and North Yorkshire ICB colleagues and recommendations identified through the process. Progress against these recommendations are still underway, with the TB Implementation Phase 2 meeting held in September 2026. A summary report is expected in due course.

At local level, a standard operating procedure has been produced for Northern Lincolnshire, which maps current service provision in both NL and NEL. However, concerns remain regarding the capacity of the current service in Northern Lincolnshire to meet current and future demand.

Blood Borne Viruses

Blood Borne Virus (BBV) activity remains a priority across both NL and NEL. During the reporting period, NEL has experienced a period of transition following the recommissioning of services and mobilisation of the North East Lincolnshire Recovery Partnership in February 2026, alongside wider workforce and service model changes. WithYou remains the commissioned provider for substance use services in NL.

Despite these changes, both providers have maintained a strong focus on BBV prevention, testing, vaccination and treatment. Both services have successfully achieved BBV micro-elimination and remain committed to sustaining this position through continued partnership working and targeted interventions for those at greatest risk. This ongoing focus supports improved health outcomes and helps prevent future transmission within local communities.

Table 2 – BBV testing in Northern Lincolnshire 2025-26

	North Lincolnshire (Apr 25 – Mar 26)	**North East Lincolnshire (Apr 25 – Mar 26)**
Dry blood spot tests completed 25/26	634	577
Positive Hep C screens 25/26	5	13
Positive Hep B screens 25/26	3	9
Positive HIV screens 25/26	1	0

Pilots/Projects undertaken

The following table shows the pilots and projects undertaken or underway in Northern Lincolnshire in 2025/26, funded, led or completed in partnership by the Northern Lincolnshire health protection teams. The projects covered a wide range of health protection activities, and some are continuing into 2026/27.

Table 3 – Pilots and projects undertaken in Northern Lincolnshire 2025-26

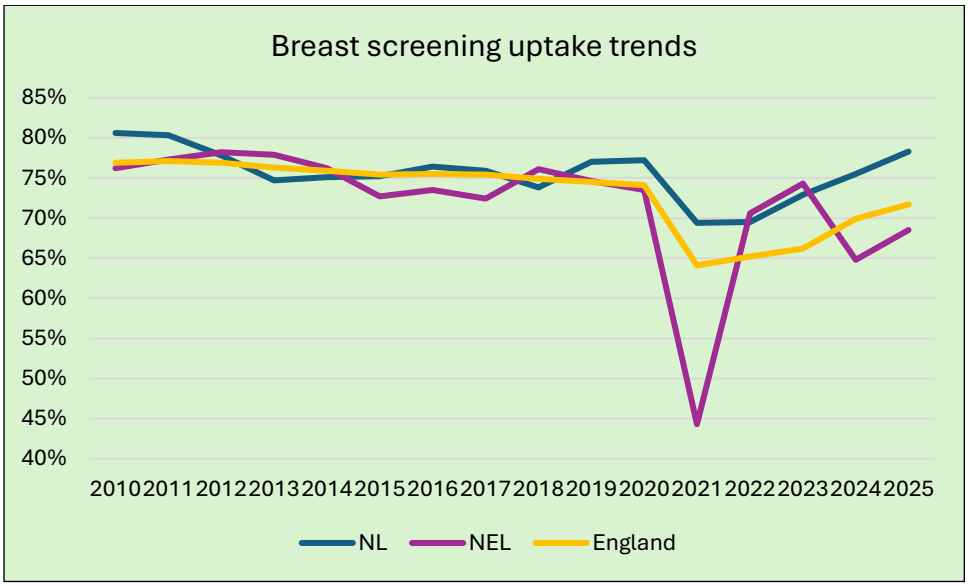
Title	**Status**	**Description**
2/3yr old flu vaccine research	Completed	Telephone survey of patients - Identifying barriers to uptake and recommendations for improvement
Sexual wellbeing in the over 40's	On going	Promotion campaign - Promoting sexual health practices and self-testing kits
Breast screening for non-responders	Completed	Telephone survey of patients - Identifying barriers to uptake and recommendations for improvement
Health visiting pathfinder pilot	On going	National pilot scheme awarded to NELC - Increasing vaccination uptake via health visiting team
Migrant screening	Completed	New pathway – Overcome barriers in system to allow routine screening of migrants
School-aged children vaccination video series	On going	Promotion campaign – development of video series for multi-media channels
Active schools, active travel	Completed	Third party award to local schools to increase active travel to and from school and improve air quality
Humber Outbreak management Plan	Completed	Humber-level management plan to allow cross-boundary working and support mechanisms

Exercise Pegasus	Completed	Pandemic planning and preparedness national and multi-agency exercise
NL Educational Setting reporting form	Completed	MS Form for educational settings to report notifiable diseases within their setting to NLC HP team
Maternal vaccinations toolkit	Completed	Toolkit designed to support health professionals in promoting and educating our population around maternal vaccinations
Adult vaccinations toolkit	Completed	Toolkit designed to support health professionals in promoting and educating our population around adult vaccinations
IPC Sharepoint for care homes	On going	Platform to share IPC resources, advice and information across NL
Humber and North Yorkshire Children's vaccination deep-dive	Completed	Research into children's vaccination rates, identifying barriers and opportunities for improvement.

Screening Programmes

Breast Screening

Chart 5 – Breast screening uptake trends

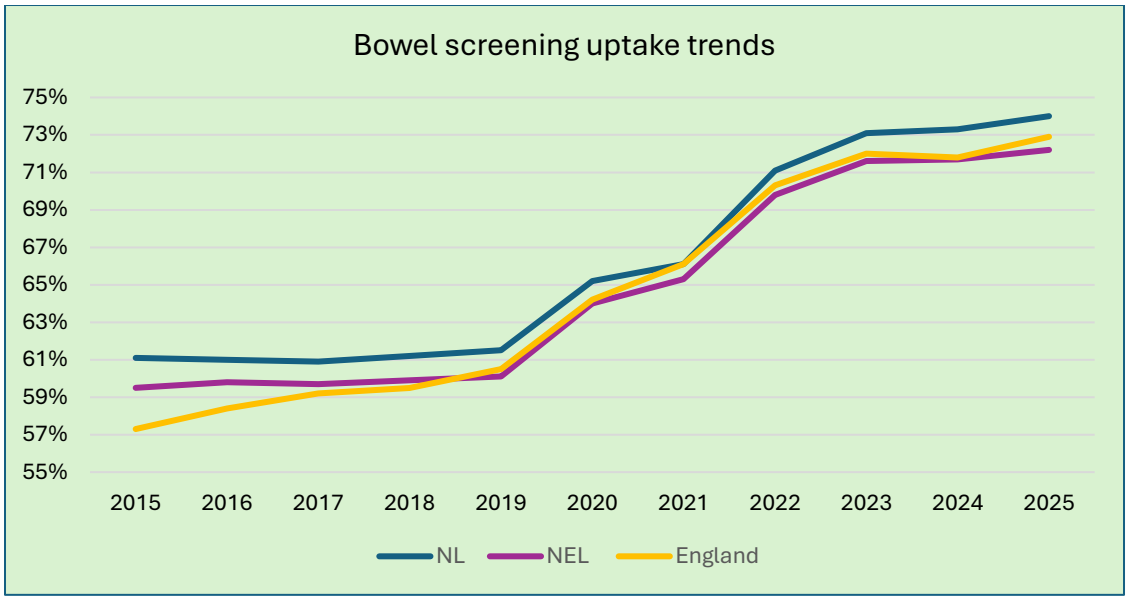


Fingertips | Department of Health and Social Care

Breast screening uptake has generally declined since 2010 across NEL, NL and England. Uptake in NEL closely mirrored national and regional trends until 2020, after which a substantial reduction was observed in 2021. This sharp decline reflected the impacts of the Covid-19 pandemic which was reflected strongly in NEL due to the 'rounds' model used for breast screening delivery. Although uptake recovered markedly in subsequent years, NEL remains below both the England average and NL in 2025. NL has consistently achieved the highest uptake rates and has recovered more strongly following the post-pandemic decline.

Bowel Screening

Chart 6 – Bowel screening uptake trends

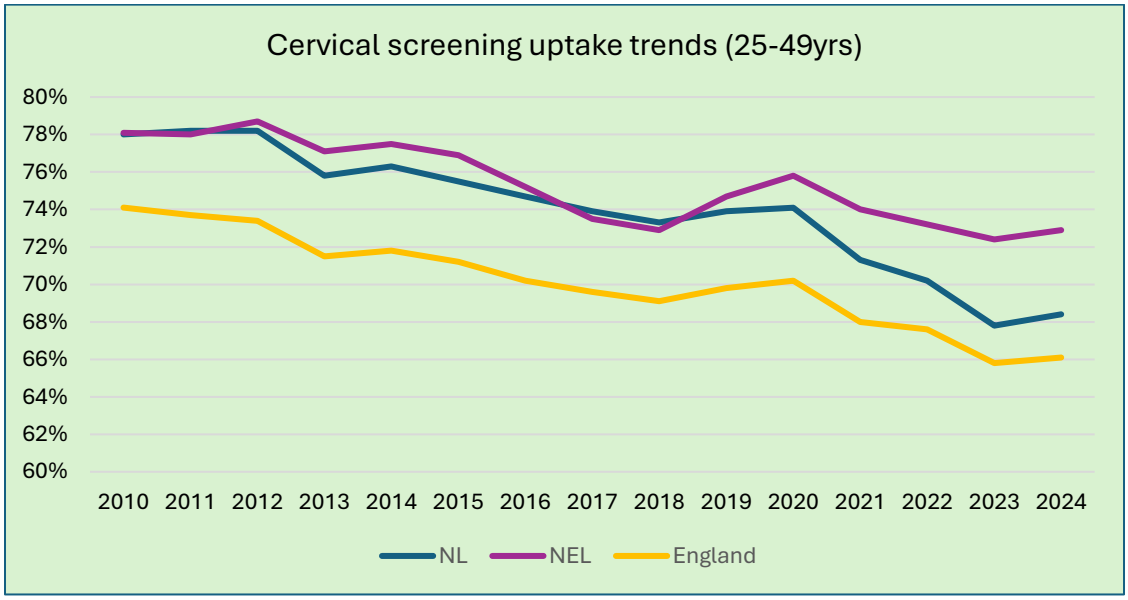


Fingertips | Department of Health and Social Care

Bowel screening uptake has improved considerably across NEL, NL and England since 2015. Following a period of relative stability up to 2019, uptake increased sharply from 2020 onwards. NL has consistently achieved high screening uptake rates, while NEL has shown substantial improvement and has broadly kept pace with national trends, but remains slightly below national uptake levels. By 2025, uptake exceeded 70% in NL, NEL and England, indicating strong recovery and sustained growth in participation in bowel screening programmes.

Cervical Screening

Chart 7 Cervical screening uptake trends

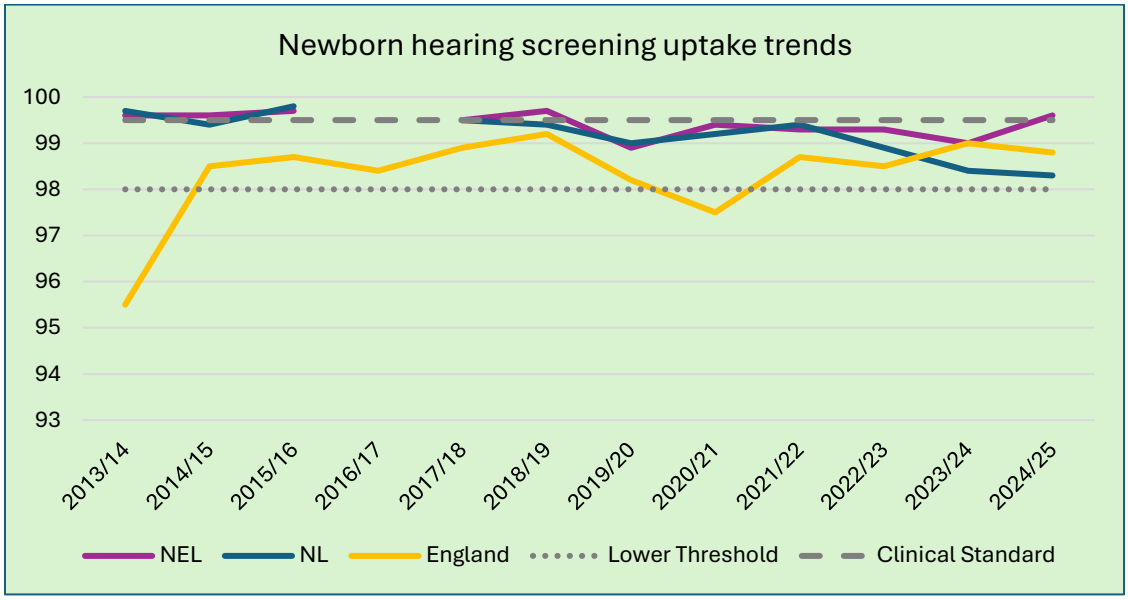


Fingertips | Department of Health and Social Care

Cervical screening uptake has declined across NEL, NL and England since 2010. Although both local areas continue to achieve higher uptake than the national average, a downward trend is evident, particularly since 2020. NEL has consistently maintained the highest screening uptake and remains substantially above the England average. NL has also performed above the national rate throughout the period, although uptake has fallen more sharply in recent years. A slight increase in uptake can be seen however, from 2023. These trends indicate the need for continued efforts to improve participation and reduce barriers to cervical screening, particularly following the decline observed since 2020.

Antenatal and Newborn Screening

Chart 8 – Newborn hearing screening uptake trends

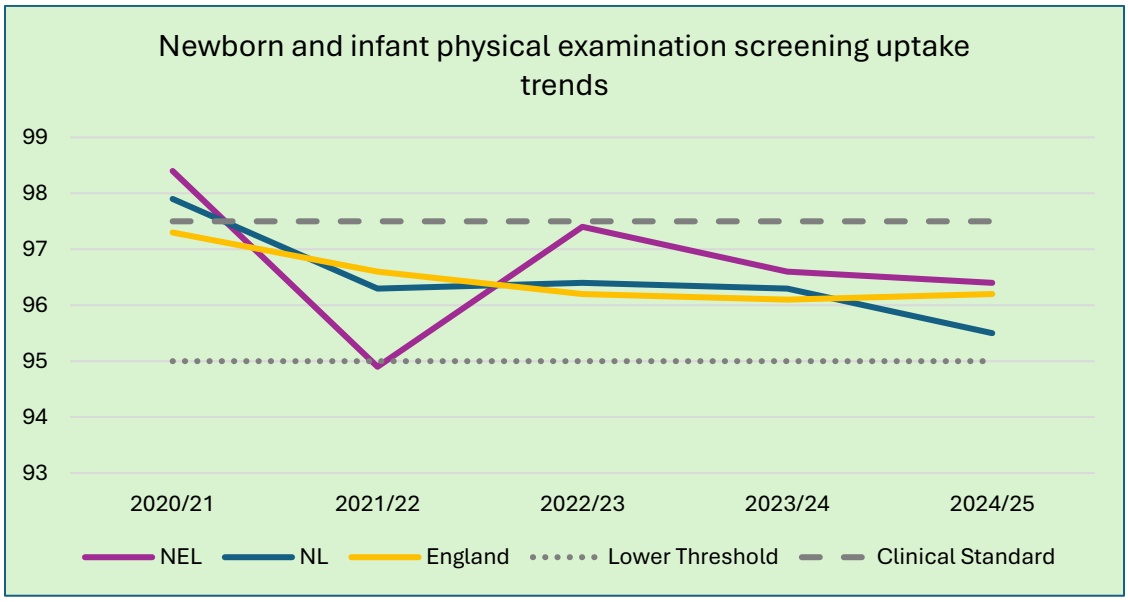


LA Assurance S7a Dashboard - Vaccinations and Screening - Futures

Fingertips | Department of Health and Social Care

Newborn Hearing Screening performance in NEL and NL has remained consistently high over the last decade, with coverage exceeding 98% in all reported years. While national performance declined during 2019/20 and 2020/21, Northern Lincolnshire maintained high levels of coverage, demonstrating a resilient and effective screening programme. No data was available for 2015-2017 due to data issues (not absence of any screening). Public Health Functions agreements confirmed a lower threshold of 98% (which both NL and NEL are reaching) and a clinical standard of 99.5% (of which NEL has reached in the last years published data). However, data for NL and England does reveal a slight downward trend. Further interrogation of the data is necessary to understand trajectories in coverage for all of Northern Lincolnshire, as well as most recent coverage data to provide better understanding of trend patterns.

Chart 9 – Newborn and infant physical examination screening uptake trends



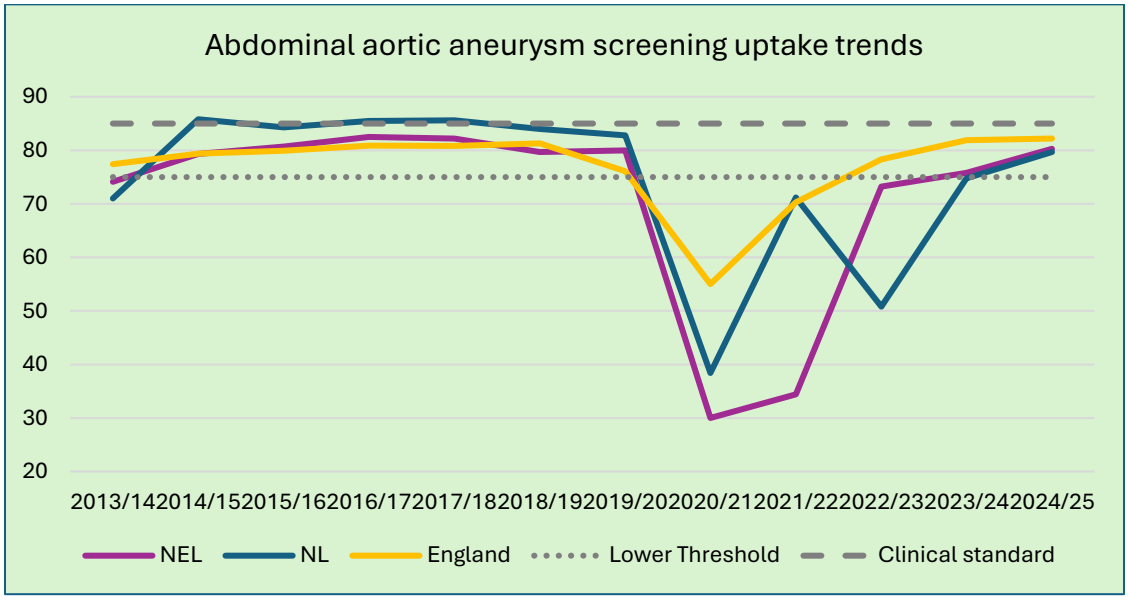
LA Assurance S7a Dashboard - Vaccinations and Screening - Futures

Fingertips | Department of Health and Social Care

Newborn and infant physical screening has a lower threshold of 95% and a clinical standard of 99.5% and most recently published data shows a good recovery after reduced screening services during the pandemic, but has yet to reach pre-pandemic levels and is following a slightly negative trajectory. Better understanding of the data and the number of cases involved may assist in identifying methods for improvement.

Abdominal Aortic Aneurysm (AAA) Screening

Chart 10 – Abdominal aortic aneurysm screening uptake trends



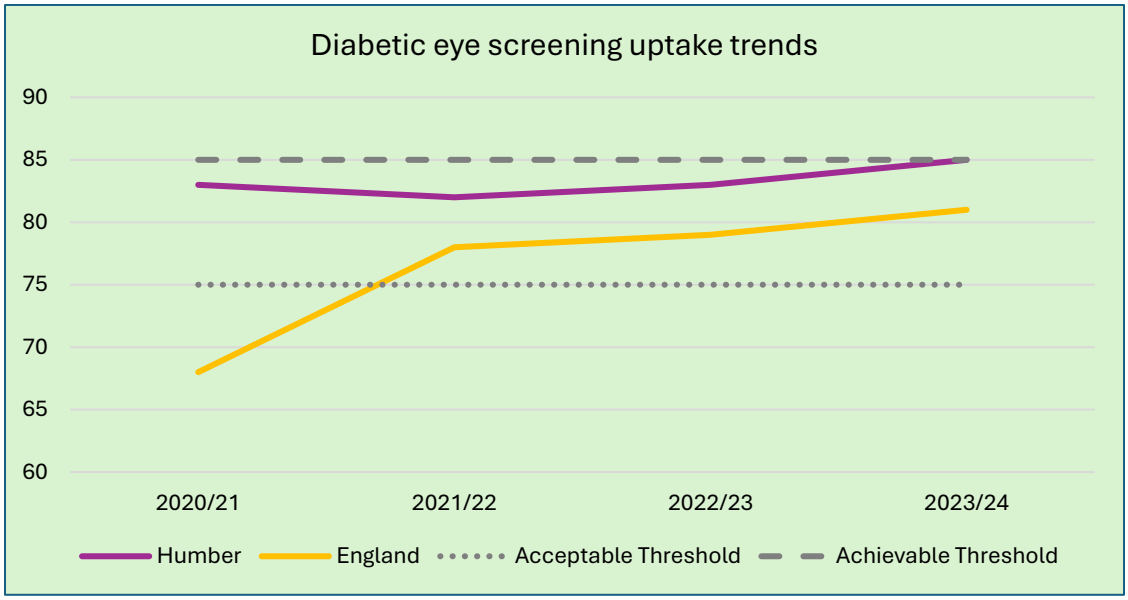
LA Assurance S7a Dashboard - Vaccinations and Screening - Futures

Fingertips | Department of Health and Social Care

AAA screening coverage was stable and comparatively high across NEL, NL and England until 2019/20. Coverage then fell markedly in 2020/21, reflecting disruption to screening services due to the Covid-19 pandemic. Recovery has been variable; by 2022/23, NEL had improved substantially and continues to increase coverage and is now approaching pre-pandemic levels. NL showed the greatest fluctuation in the most recent years, however is also approaching pre-pandemic coverage and both NL and NEL remain above the lower threshold.

Diabetic Retinopathy (Eye) Screening

Chart 11 – Diabetic eye screening uptake trends



LA Assurance S7a Dashboard - Vaccinations and Screening - Futures

Fingertips | Department of Health and Social Care

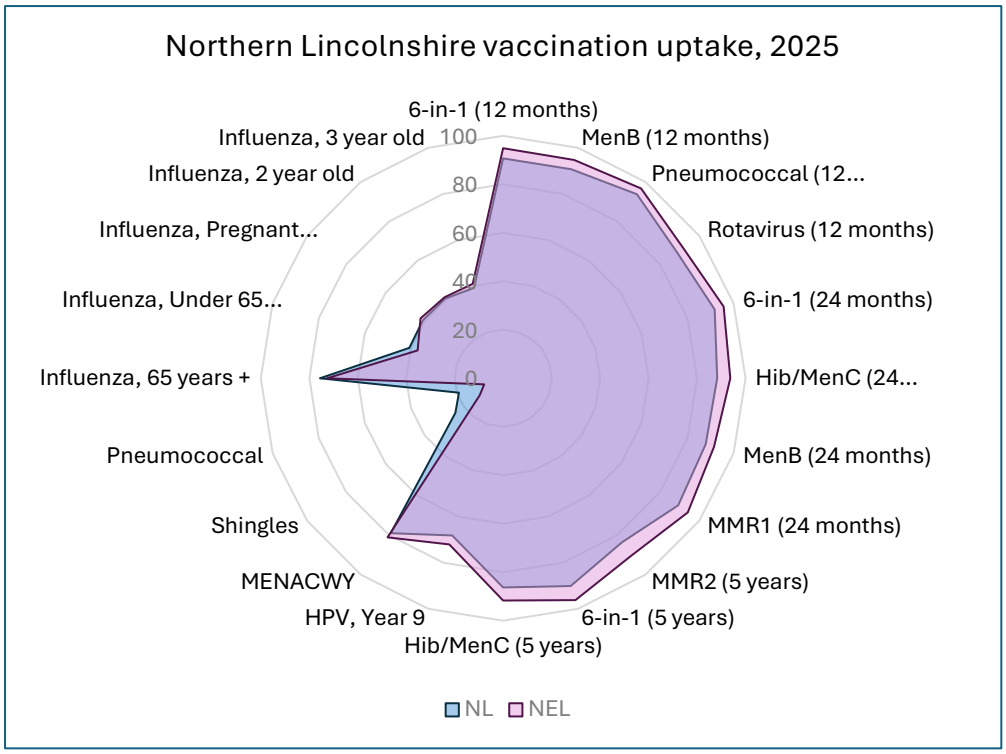
Although data for diabetic retinopathy screening is not available at individual local authority level, data trends demonstrate that uptake for the Humber region has continually been above that for England in the past 4 years (data is not yet available for 2024/25 or 2025/26). Whilst there was a minimal decrease during the pandemic, Humber coverage remained well above the acceptable threshold of 75% and is now reaching the achievable level of 85% coverage.

Vaccination and Immunisation Programmes

Vaccination is one of the most effective public health measures, protecting individuals and communities from serious infectious diseases. However, uptake of routine vaccinations in England has declined in recent years and remains below the World Health Organisation (WHO) target of 95% for key childhood immunisations, increasing the risk of outbreaks such as measles.

Current position

Chart 12 – Northern Lincolnshire vaccination uptake overview for 2025



Key points for 2025-2026

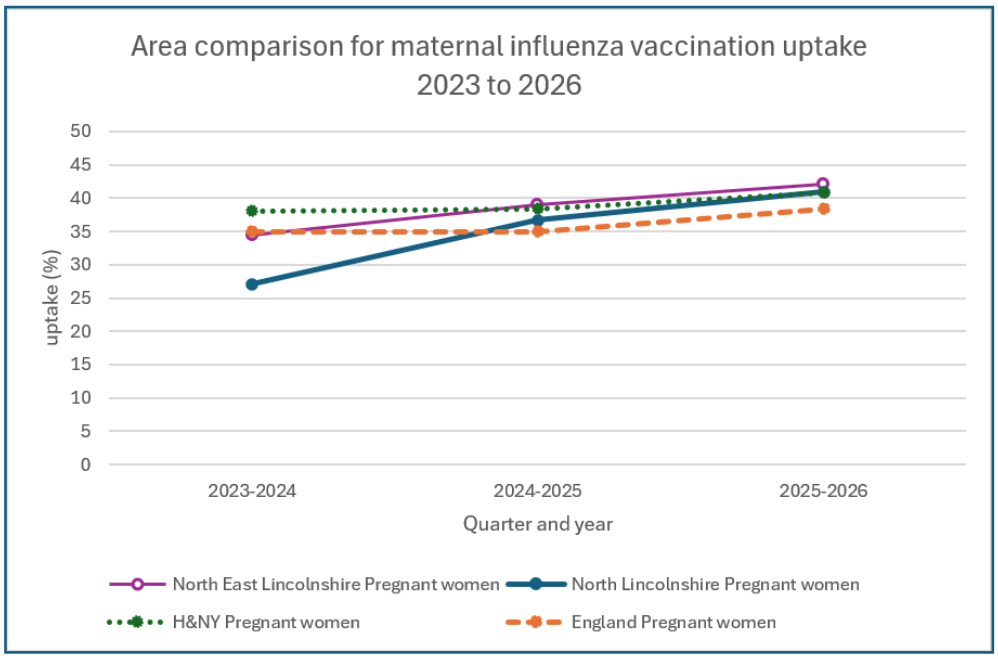
- Childhood vaccination uptake across Northern Lincolnshire remains generally high compared with national levels, although coverage varies between programmes and some uptake remains below the 95% WHO target.
- Infant vaccination (up to 12 months) in particular has high uptake, especially in NEL, although uptake in both areas declines as children get older, particularly for vaccine given at 24 months and 5 years.
- The greatest concern for Northern Lincolnshire is uptake of MMR at 5 years of age, particularly in NL where uptake is substantially below regional and national averages, and the 95% coverage required for herd immunity.
- Maternal vaccination uptake is strongest for pertussis, with encouraging increases in RSV vaccination uptake in both NEL and NL.
- Human Papillomavirus (HPV) and Meningococcal ACWY (MenACWY) vaccination uptake among adolescents remain good overall, although some declines have been observed among older school year groups, and varies between NL and NEL.
- Adult Pneumococcal vaccination uptake has increased gradually in both local authorities, while shingles vaccination uptake has fluctuated and remained higher in NL. Both present opportunities for improvement.
- Influenza vaccine uptake remains highest among older adults, and is broadly comparable with regional performance, whilst uptake among younger at-risk adults continues to lag behind.
- Uptake of childhood and school-age influenza vaccination has improved in recent years, particularly among secondary school pupils.

Inequalities in vaccination uptake persist, highlighting the importance of targeted engagement and improving access for underserved communities.

Maternal vaccinations

Some vaccines, such as the inactivated seasonal flu vaccine, the pertussis (whooping cough) vaccine and the RSV vaccine, are recommended during pregnancy to protect the health of mother and baby.

Chart 13: Maternal influenza vaccination uptake, 2023-2026



Seasonal influenza vaccine uptake in GP patients: monthly data, 2025 to 2026 - GOV.UK

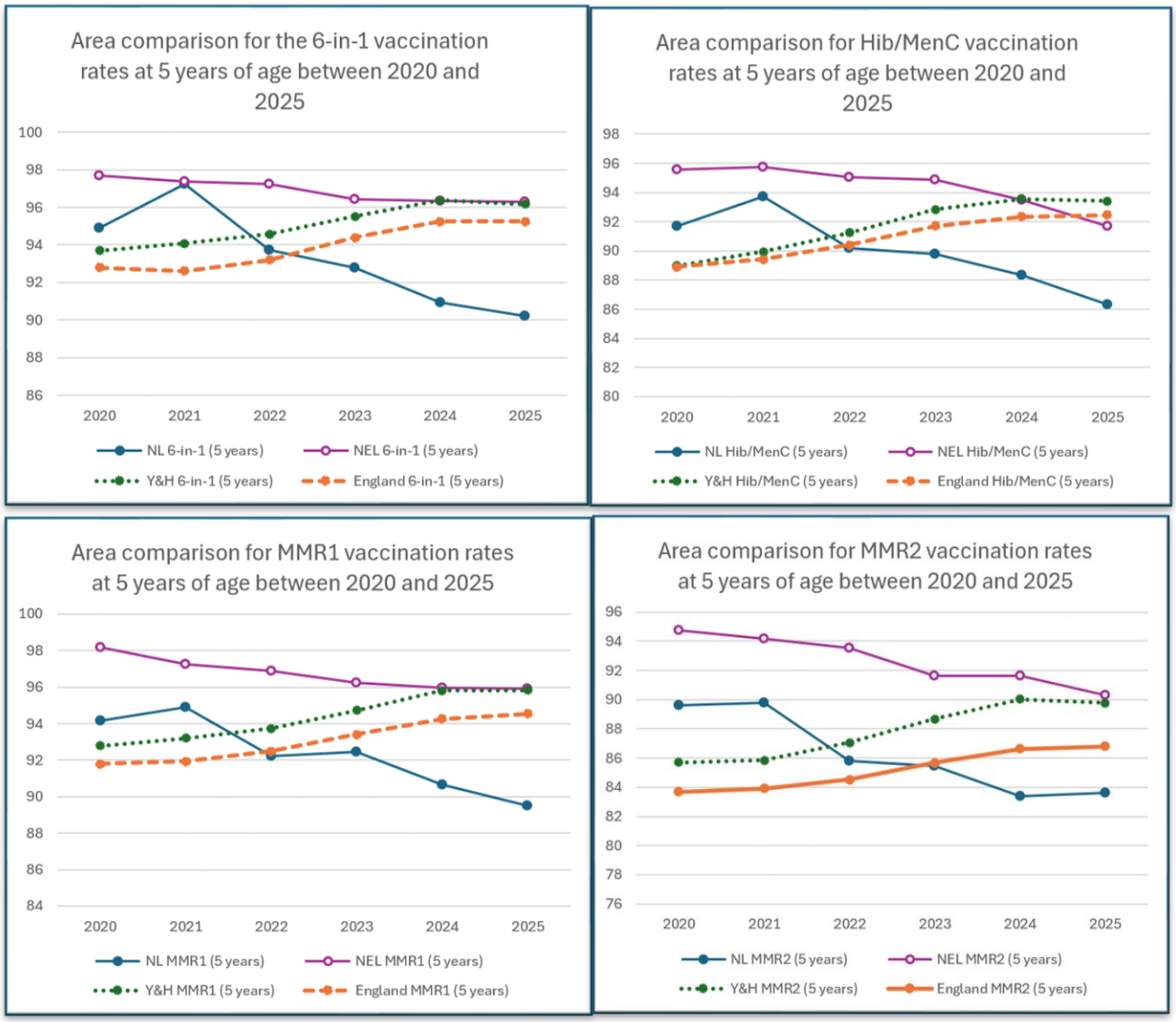
Maternal vaccination uptake remained highest for pertussis and RSV uptake increased steadily throughout the reporting period. Flu vaccination uptake remained lower than both pertussis and RSV, indicating an ongoing opportunity to improve coverage. Overall, maternal vaccination performance showed positive progress, particularly for RSV

Childhood vaccinations

Childhood vaccinations are one of the most effective public health interventions, protecting children from serious infectious diseases and helping to prevent outbreaks within communities

In England, routine childhood immunisation programmes are offered according to a national schedule, with vaccines provided from infancy through to school age. Details of the routine childhood vaccination schedule can be found at Routine childhood immunisations schedule from January 2026

Charts 14 to 17: childhood vaccination uptake, 2020-2025



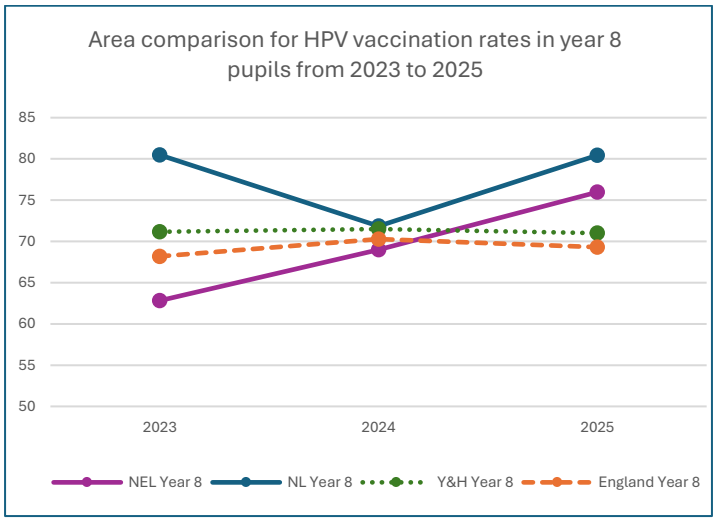
Childhood vaccination coverage | UKHSA data dashboard

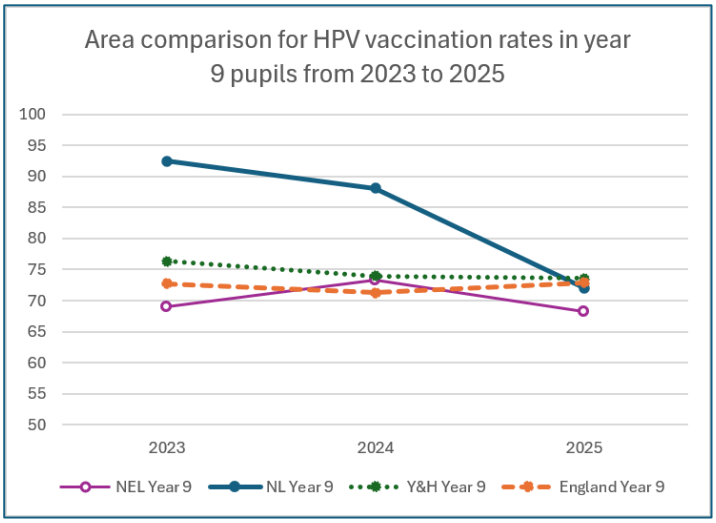
NEL consistently achieves higher childhood vaccination coverage than NL across all age points (12 months, 24 months and 5 years). While some programmes have seen small improvements in 2025, the overall picture indicates a continuing decline in uptake since 2020, particularly for vaccinations measured at 5 years of age such as MMR. Several programmes in NL and NEL remain well below the 95% target associated with optimal population protection.

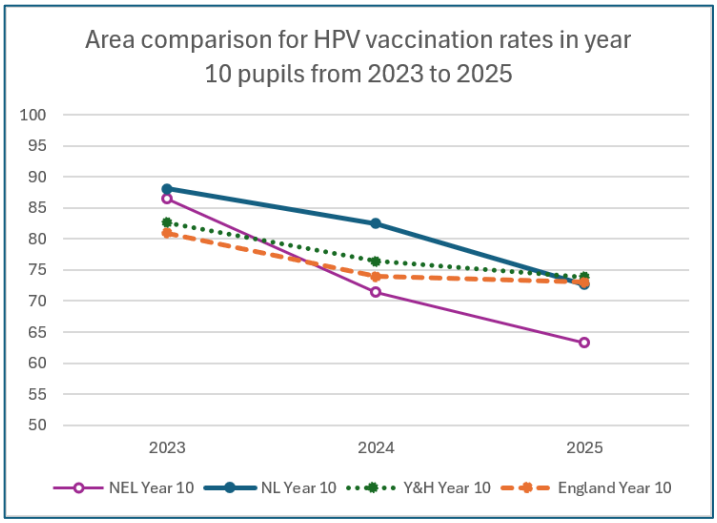
Adolescent vaccinations

Adolescent vaccinations are an important part of protecting young people from serious infectious diseases. As immunity from some childhood vaccines can decrease over time, additional vaccinations help maintain protection during the teenage years. Immunisation not only protects adolescents from illness and its complications but also helps reduce the spread of disease within the wider community, supporting lifelong health and wellbeing. In accordance with the Routine childhood immunisations schedule from January 2026 adolescents are offered the HPV vaccine and MenACWY vaccine at secondary school age.

Charts 18, 19 and 20 - HPV vaccination rate trends for year 8, 9 and 10 pupils from 2023 to 2025



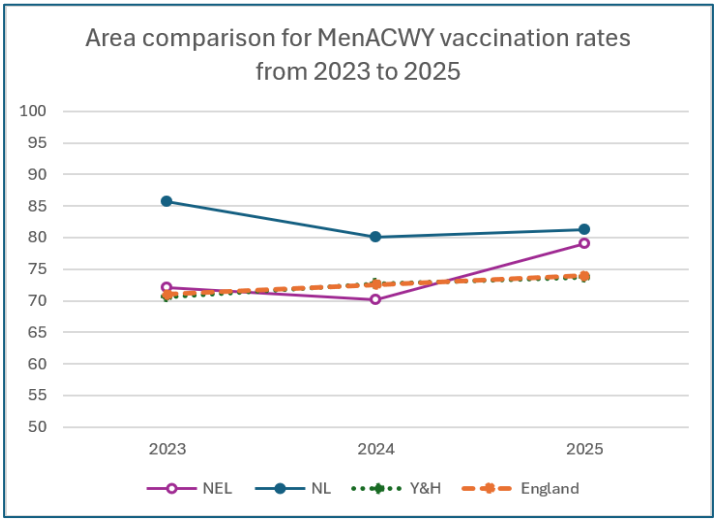




Vaccine uptake guidance and the latest coverage data - GOV.UK

The HPV vaccination is routinely offered to pupils in Year 8, with further offers in Years 9 and 10 to ensure maximum opportunity for uptake. Vaccination data shows a mixed picture across NEL, NL, Y&H, and England. While Year 8 uptake improved substantially, exceeding national averages, in both NEL and NL during 2025, coverage in Year 9 and particularly Year 10 has declined, suggesting challenges in maintaining and completing vaccination uptake as cohorts move through secondary school. This will be addressed in future health protection endeavours.

Chart 21 - MenACWY vaccination uptake, 2023 to 2025



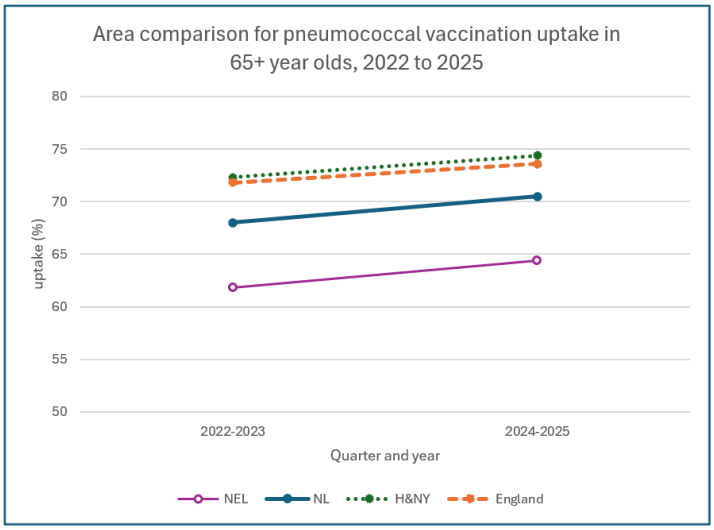
Meningococcal ACWY immunisation programme: vaccine coverage estimates - GOV.UK

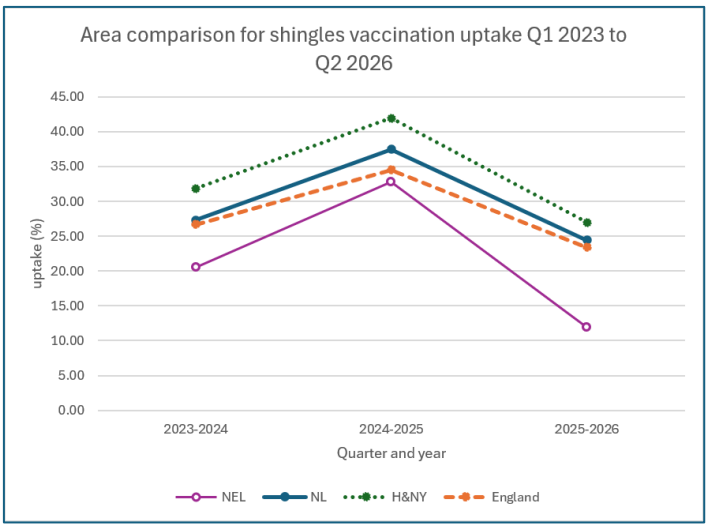
While NL remained the highest-performing area throughout the period, NEL showed the strongest improvement, achieving a substantial rise in 2025 and moving well above both the Y&H and England averages. Y&H and England experienced gradual, consistent increases across all three years.

Adult vaccinations

Adult vaccination programmes help protect against serious infections, reduce hospital admissions and support healthy ageing. Key programmes include pneumococcal and shingles vaccination.

Chart 22 and 23 - Adult vaccination uptake, 2022 to 2025





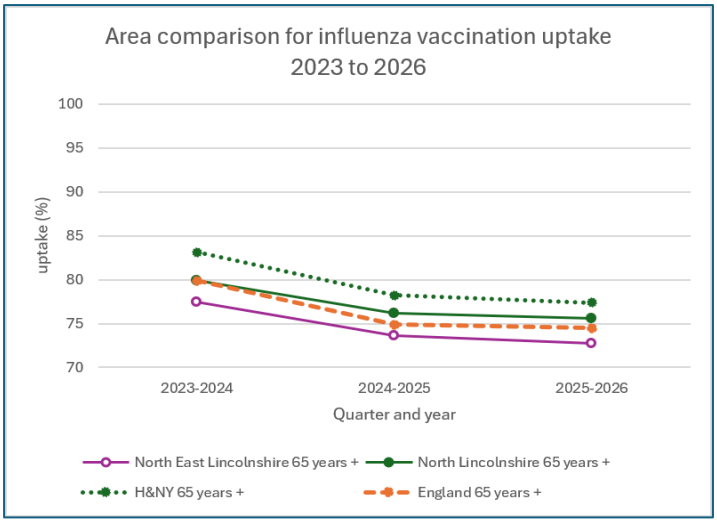
Pneumococcal polysaccharide vaccine (PPV): vaccine coverage estimates - GOV.UK

NEL has shown some improvement in pneumococcal vaccination coverage, but continues to perform below regional and national averages. For shingles vaccination, coverage increased markedly in 2024-25 but remains substantially below comparator areas, with the largest gap seen in 2025-26. H&NY consistently reports the highest vaccination coverage across both programmes, while England and NL also outperform NEL throughout the period.

Seasonal influenza

Seasonal influenza vaccination helps protect individuals and communities from flu and its complications and is offered annually to eligible groups. Details of the 2025 to 2026 NHS flu vaccination offer can be found at JCVI statement on influenza vaccines for 2025 to 2026 - GOV.UK.

Chart 24 - GP 65+ influenza vaccine uptake 2023-2026



Seasonal influenza vaccine uptake in GP patients: monthly data, 2025 to 2026 - GOV.UK

Vaccination uptake shows mixed trends across 2023/24 to 2025/26. The most significant concern is the continued decline in uptake among people aged 65+, with rates falling across NEL, NL, H&NY, and England. Uptake among under 65s in at-risk groups has remained relatively low and largely unchanged.

Challenges during 2025–2026

Despite generally positive vaccination coverage across Northern Lincolnshire, several challenges affected the delivery and uptake of vaccination programmes during the year. These challenges reflect both national trends and local factors influencing access, confidence and engagement with vaccination services.

1. Declining uptake in some vaccination programmes
2. Persistent health inequalities
3. Vaccine confidence and misinformation
4. Service access and operational pressures
5. Data quality and reporting issues
6. Lessons from previous influenza vaccination programmes

The challenges experienced during 2025–2026 emphasise the need for continued partnership working, targeted approaches to reducing inequalities, strengthened public engagement, and ongoing improvements to data quality and service accessibility. Addressing these challenges will be critical to maintaining and improving vaccination coverage across Northern Lincolnshire in the coming years.

Summary

Vaccination uptake across NEL and NL remained mainly positive during 2025–2026. Improvements were seen in maternal RSV, pneumococcal and school-age influenza vaccination programmes, while childhood vaccination

coverage remained high overall. Adolescent vaccination remains an area for improvement, particularly regarding the HPV vaccination programme. Seasonal influenza uptake continued to be strongest among older adults, while uptake among adults aged under 65 years in clinical risk groups remained comparatively low.

Reducing inequalities, improving access and maintaining public confidence in vaccination remain key priorities for improving coverage and protecting communities from vaccine-preventable disease.

Adverse Weather

Adverse weather poses a significant concern across the health and social care system, with health protection involvement, particularly managing risks to our most at-risk populations.

During both the summer and winter seasons, UKHSA and the Met Office monitor the weather forecasts and where episodes of hot or cold weather are identified using predefined evidence based considerations, a joint dynamic risk assessment is carried out and the appropriate alert issued. Depending on the level of alert, a response is triggered to communicate the risk to NHS England, the government, and the public health system. Advice and information are sent to the public and health and social care professionals, particularly those working with at-risk groups, after an alert is issued or updated. This includes both general preparation for hot or cold weather and more specific advice when a severe heat or cold event has been forecast.

Table 4 – Weather Health Alert Levels

Green (Preparedness)	Yellow (Response)	Amber (Enhanced Response)	Red (Emergency Response)
No alert is issued as the conditions are likely to have minimal impact on health; business as usual; summer or winter planning and preparedness activities	These alerts cover a range of situations; yellow alerts may be issued during periods of heat or cold that would be unlikely to impact most people but could impact those who are particularly vulnerable	An amber alert indicates that weather impacts are likely to be felt across the whole health service, with potential for the whole population to be at risk; non-health sectors may also start to observe impacts and a more significant coordinated response may be required	A red alert indicates significant risk to life for even the healthy population

Weather-health alerting system - user guide

During 2025/26, NEL and NL were affected by a number of regional Weather Health Alerts. Summer 2025 included amber Heat-Health Alerts during June and early July, together with further yellow alerts during July and August. During winter 2025/26, Yorkshire and the Humber experienced a prolonged amber Cold-Health Alert spanning the New Year and early January, followed by further yellow cold-health alerts in February. No red Weather-Health Alerts were identified for the region during the period.

Nationally, UKHSA confirmed 1,504 heat-associated deaths across five heat episodes during summer 2025, with over 80% of heat-related deaths occurring in the over 75s, with the highest rate recorded in the over 85s. Significant excess death mortality during severe heatwaves occurred within care homes and acute hospital beds, driven largely by underlying cardiovascular and respiratory conditions.

However, statistically significant heat-associated mortality was not detected in Yorkshire and the Humber over the summer as a whole (and so no actual number have been published) and data is not collated at Local Authority level, so further analysis at local level is not possible.

Table 5 – Weather Health Alerts issued for Y&H 2025/26

Start	End	Type	Alert level
19 Jun 2025	23 Jun 2025	Heat	AMBER
27 Jun 2025	2 Jul 2025	Heat	YELLOW -> AMBER
9 July 2025	15 Jul 2025	Heat	YELLOW
10 Aug 2025	16 Aug 2025	Heat	YELLOW
28 Dec 2025	31 Dec 2025	Cold	YELLOW
31 Dec 2025	12 Jan 2026	Cold	AMBER
13 Feb 2026	16 Feb 2026	Cold	YELLOW
17 Feb 2026	20 Feb 2026	Cold	YELLOW

Both NL and NEL work under the extensive guidance of the UKHSA Adverse Weather and Health Plan, including utilisation of the UKHSA Hot Weather Toolkit and Cold Weather Toolkits. Further details can be found at: Adverse Weather and Health Plan - GOV.UK

Environmental Health

Environmental health sanctions

In 2025/26 the NEL and NL Council Environment teams received a total of 2198 and 1733 complaints respectively for environmental standards pertaining to public health protection. As a result, 81 (NEL) and 227 (NL) sanctions were issued which included fixed penalty notices, community protection warnings and other notices designed to protect the community. Both councils continue to work collaboratively with their residents, business owners and partner agencies to improve environmental standards and their impact on wider health protection. Although a greater number of breaches were seen in NEL, a greater number of sanctions were issued in NL. However, both councils saw the highest number of breaches for fly tipping and abandoned vehicles. The table below shows the number of breaches in each category, and the percentage of those breaches that resulted in a sanction.

Table 6 – Environmental health standards breaches and sanctions in NEL and NL

	NEL		NL	
Type	**Breaches**	**Sanctions**	**Breaches**	**Sanctions**
Waste in gardens/land	311	8%	387	18%
Duty of Care	43	23%	85	18%
Nuisance fumes and gases	144	1%	74	8%
Fly tipping	665	1%	395	17%
Bins and litter control	80	16%	57	30%
Vermin	173	8%	79	23%
Abandoned vehicles	550	0.5%	356	3
Securing property	10	20%	31	42%
Pets/Nuisance animals	184	0%	50	10%

Sewers and drainage	12	0%	18	17%
Nuisance light	11	0%	17	0%
Noise	0	0%	176	3%
Other	15	13%	8	63%
TOTAL	**2198**	**4%**	**1733**	**13%**

Air Quality

NL continues to operate under an active Air Quality Action Plan (AQAP 2024–2029) to manage industrial emissions from the Scunthorpe Steelworks area within the Scunthorpe Town Air Quality Management Area (AQMA). In NEL, the former Cleethorpes Road AQMA was formally revoked in May 2024 due to sustained improvement and compliance with national standards. There are now no AQMAs in NEL.

Table 7 – AQAP status in Northern Lincolnshire

Area / Authority	**Key Pollutant Monitored**	**Current Legal Status**	**Strategic Action / Environmental Highlight**
North Lincolnshire	Particulate Matter (PM_{10}, $PM_{2.5}$)	AQMA active *(Scunthorpe Town daily standard)*	DEFRA-approved AQAP 2024–2029; deployment of smart heated monitors (FDMS) at AURN sites to track fine particulates.
North East Lincolnshire	Nitrogen Dioxide (NO_2)	No active AQMAs *(Revoked May 2024)*	Implementation of the 2024 updated Air Quality Strategy focusing on traffic infrastructure, active travel, and targeted enforcement.

Health Protection teams in Northern Lincolnshire sit on the Air Quality Improvement Steering Group to ensure that Public Health has a voice in wider Council considerations and decisions which affect air quality.

Horizon Scanning

Meningitis B (MenB)

MenB is a serious bacterial infection that can cause meningitis, septicaemia (blood poisoning), and sepsis. It can develop rapidly and be life-threatening.

The UK introduced the MenB vaccine (Bexsero) into the routine infant immunisation programme in 2015.

Children are routinely offered the vaccine at 8 weeks, 12 weeks, and 1 year of age through the NHS.

In March 2026 there was an outbreak of MenB in Kent. This outbreak was unusual because of how rapidly cases appeared. UKHSA reported 15 confirmed cases within 48 hours and 12 probable cases linked to Canterbury, mostly involving University of Kent students and local sixth-form students. There were 2 deaths, and most cases required hospital treatment. The cases were epidemiologically linked to a nightclub in Canterbury. Close contacts received antibiotics and targeted contacts received vaccination. In response to the outbreak, the UK also introduced a time-limited vaccination programme for certain young people aged 17 to 25, particularly those starting university or some residential further education settings, because close living environments can increase transmission risk. This vaccination programme is currently underway to reduce the risk of a similar outbreak in the future.

Learning opportunities from the outbreak identified the importance of multi-agency cooperation and rapid response, and also the importance of understanding local social patterns, locations of potential future spread and building relationships with local education providers.

In Northern Lincolnshire no cases were identified, but the outbreak highlighted the importance of clear communication pathways with education providers with the dissemination of national guidance at local level. It also highlighted potential issues in communication out of term time which is still being considered.

Measles

Measles is not just a childhood rash illness. It is one of the most infectious diseases known and can cause pneumonia, ear infections, encephalitis (brain inflammation), long-term neurological complications and death.

Cases in the UK are rising and most cases are in children under 10 years of age. The primary driver of this increasing prevalence is the fall in MMR vaccination uptake, which requires two doses for maximum protection. Large outbreaks have been seen in London and the Midlands, where MMR uptake is especially low/sporadic.

Unpublished data for 2024/25 suggests that GP Practice uptake ranges from 99.6% to 84.2% in NEL, suggesting there are geographical pockets of populations with lower protection and therefore higher risk of measles infection. To address this, health protection teams are working on a number of projects, to better understand vaccine hesitancy, promote information with supporting evidence to address misconceptions and to identify methods for increasing uptake (such as appointment availability and location etc).

Ebola

The is currently global concern regarding the continued large outbreak of Ebola caused by the Bundibugyo virus in DRC and Uganda. The outbreak is described by WHO as experiencing intense transmission that requires international response, with no treatment or vaccination yet available. Current case fatality rate is 46.8% (WHO), making it a major public health emergency.

Although the risk to the UK is currently low, UKHSA and international partners continue to monitor the outbreak due to the potential for imported cases.

Priorities for 2026/27 and Forward Plan

Table 8 – Priorities for Northern Lincolnshire (2026/27)

Priority 1	**Priority 2**	**Priority 3**
Increase routine childhood immunisation uptake	**Increase routine screening uptake**	**Ensure risks regarding TB services continue to be addressed**
Actions	**Actions**	**Actions**
Identify opportunities for engagement with high risk groups to address vaccine misinformation and hesitancy.	Continue engagement with Humber screening services, with a particular focus on increasing uptake for breast cancer screening.	Continue engagement with GIRFT review and recommendations.
Develop opportunities to partner with GP Practices to increase uptake.	Develop and implement project to identify barriers to bowel screening.	Consider further pilots for targeted screening in high risk cohorts.
Strengthen school-aged immunisation programmes to increase HPV and	Raise awareness/opportunities for the inclusion of screening	Continue engagement with local and National TB forums.

MenACWY uptake, particularly among older cohorts and students requiring catch-up vaccinations.	services in neighbourhood health development plans.	
Use targeted communications and follow-up opportunities for absent, home educated or unvaccinated pupils.	Continue to monitor local uptake to identify cohorts or geographical areas to target to minimise health inequalities.	
Work with primary care providers and school immunisation teams to improve influenza vaccine uptake among preschool and school-aged children.		
Target specific schools and GP Practices with low uptake to reduce variation.		
Continue promoting pertussis, RSV and influenza vaccination during pregnancy through consistent messaging and advice from maternity and primary care services.		
Improve uptake of adult vaccinations through targeted promotion to eligible groups		

Sources and References

Source list derived from the references cited throughout the report:

Adverse Weather and Health Plan - GOV.UK

Fingertips | Department of Health and Social Care

Health Protection - Data | Fingertips | Department of Health and Social Care

Heat-Health Alerts issued by UKHSA and the Met Office - GOV.UK

Heat mortality monitoring report, England: 2025 - GOV.UK

JCVI statement on influenza vaccines for 2025 to 2026 - GOV.UK

LA Assurance S7a Dashboard - Vaccinations and Screening - Futures

Meningococcal ACWY immunisation programme: vaccine coverage estimates - GOV.UK

Routine childhood immunisation schedule - GOV.UK

Shingles immunisation programme [Shingrix®]: evaluation reports - GOV.UK

Vaccine uptake guidance and the latest coverage data - GOV.UK

Yellow cold health alert issued for 7 regions of England - GOV.UK